

Executive Summary

Family Care Resource Center Annual Report 2002

Introduction

As the entry point into the complex long-term care system, resource centers in the Family Care pilot program are expected to develop a breadth of programs and services to meet the needs of a diverse consumer base. In order to meet the challenge of informing and assisting a wide variety of consumers, and to break from the State's practice of prescriptive, contract-specific program requirements, the Family Care pilot expects each resource center to operate under the principles of continuous quality improvement. During 2002, the second full year of operation for most resource centers, the work of developing and implementing a program of both quality assurance and quality improvement activities was underway to ensure that systems were established to monitor resource center activity, to adequately sample and routinely gather consumer feedback, and collect and analyze performance data.

Purpose of Review Activities

The overall purpose of the Department's monitoring of resource centers' quality activities was to assess their understanding of the principles of continuous quality improvement, progress on planned activities, and commitment of agency resources.

Focus Areas

Early in the Family Care pilot, a quality monitoring work plan was developed for resource centers. The work plan continued to be used as it identified the various activities the Center for Delivery Systems Development (the Department) envisioned in overseeing the resource center's quality. This document described the roles of annual on-site visits, submission of quality assurance activities and quality improvement projects for Department approval, contract compliance, and technical assistance. The Department's quality activities in 2002 included the following components:

- *Quality Site Visits:* An annual site visit to every resource center was planned to review their progress on quality assurance and quality improvement activities identified in the 2002 quality plan. The review team reviewed projects, barriers, and plans for improvement.
- *Quality Plans and Projects:* Resource centers submitted a plan for 2002 quality assurance and quality improvement activities to the Department for approval on January 15, 2002. They worked throughout the year on selected quality activities and submitted a summary of these activities in February 2003.
- *Technical Assistance:* Phone and on-site consultation were available as requested by the resource center managers and staff on their quality projects.

The second Department planning document was a quality plan for the Long-Term Care Functional Screen (LTC FS) distributed at the end of 2001. This document described the history and purpose of

the functional screen, as well as the Department's quality efforts to ensure screen validity and reliability. In addition, the quality efforts listed below were also described:

- *Inter-Rate Reliability Testing (IRRT) for Long-Term Care Functional Screen:* For the first time certified screeners were required to participate in a program-wide IRRT in 2002. A case scenario was developed and tested by the Department and sent to all Family Care agencies responsible for screening. Distribution included CMOs as well as resource centers.
- *Screener Certification:* Only certified screeners may administer the LTC FS. To become certified staff must meet educational and experiential requirements described in the contract and pass a Department-designed course to test their knowledge and use of the LTC FS and its instructions. In 2002 a process was implemented to verify active screeners and up-date the Department's data base.
- *Ad hoc Screen Reports:* Throughout the year as needs were identified, issues of screen internal logic and screener performance were raised and addressed. When requested, the topic was researched using the Department's database and analysis completed by either Department staff or by the Resource Center quality lead.

Transition Phase

Beginning on July 1, 2002, the "Contract for the Performance of External Quality Review Activities" with MetaStar, Inc. (MetaStar) went into effect. At that time most of the quality monitoring had already been planned, tools had been developed, and site visits had been scheduled.

MetaStar staff took responsibility for five quality site reviews that were scheduled after the contract was awarded. The resource centers that were conducted under the terms of the external review contract were: Fond du Lac Aging and Disability Resource Center, Kenosha Aging and Disability Resource Center and Development Disability Resource Center, La Crosse Aging and Disability Resource Center, Marathon Aging and Disability Resource Center, and Milwaukee Aging Resource Center. MetaStar staff were also responsible for writing the site visit reports. They drafted and worked with MetaStar and Department staff on seven reports.

In addition to conducting the site visits and writing reports, MetaStar took the lead role in reviewing the 2002 quality plan process and developing a new process for 2003 that aligned the resource centers' concerns with reporting requirements for accountability.

The major work of analysis of the functional screen's inter-rater reliability testing (IRRT) had not been assigned at the time of awarding the external review contract. MetaStar was asked to take the leadership for analyzing the scores from the IRRTs in September.

Summary of Resource Center Quality Activities

Two levels of findings can be drawn from the Department's 2002 quality monitoring efforts. The first level is at the system's level revealing how effective the Department's process of quality monitoring was. This summary will reflect this level of review. The second level of findings is a review for each activity. Each activity will be summarized in subsequent sections of this report.

- A commitment to quality goes beyond a contract requirement. The principles of quality improvement and quality assurance are unfamiliar to most resource center staff. Building the capacity as well as the understanding and management commitment took more time than originally believed [or accommodated]. More time should be allowed for training the resource centers on these principles before expecting them to carry out sound quality activities.
- All staff working with the resource centers must have the same understanding and commitment to quality expected of the resource center staff. Without this commitment, Department staff cannot consistently support the resource centers' quality efforts, nor give them the priority that is needed.
- It is clear that there needs to be a strong connection between the support and coordination of resource centers' quality projects and quality monitoring and oversight. Resource centers are in the early stages of developing a quality program. In order to continue their progress, the Department's quality process must be integrated to promote a relevant, workable model of improvement, accountability, and individualized technical assistance. Dividing quality across separate units would set back the resource centers' progress, bifurcate the activity, diminish the compatibility and consistency needed, and bring confusion to the plan of work.
- The quality plans required in 2002 anticipated advanced year-long planning of both quality assurance and quality improvement activities. This method provided less flexibility for the resource centers to change quality activities as need arose. Planning began in the second half of 2002 to revise this planning model in favor of one that provided more relevance and less paper reporting in 2003.
- The Department collects a significant amount of data—e.g., consumer and PAC contacts and outcomes on the monthly I&A report; screen production information up-dated and available in real time from Business Objects; expenditures and staffing from the annual financial report; marketing, resident outreach contacts, and other information on the quarterly narrative report. Much of this information appears to go without routine and consistent review and analysis. Therefore, trends can be missed and valuable support and assistance not made available.
- Resource centers identified many good projects in their 2002 quality plans. However useful these projects were to the overall objectives of the resource centers, most could not be categorized as either quality assurance or quality improvement activities.
- It is evident that resource center staff have difficulty finding and using data to support quality projects. Most staff rely on insight and instinct and are not comfortable relying on data. It is clear that more training and support is needed for resource centers to be gaining the needed comfort to use a model of improvement that relies on data.